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[MAIL STOP RCE]			Complete If Known						
			Application No.			10/077,90	10/077,907		
			Filing Date		February 2	February 20, 2002			
			First Named Inventor		Tomohiro Chiba				
			Examiner Name		L. Leo	L. Leo			
			Group Art Unit			3753	3753		
Total Amount Of Payment (\$) 880.00			Attorney Docket No. 018842.120			204			
METHOD OF PAYMENT (check one)			FEE CALCULATION (continued)						
				3. ADDITIONAL FEES					
charge indicated fees and credit any over payments to Deposit Account No. 02-0375			Fee Description				Fee Pa	id	
			☐ Surcharge - late filing fee or oath				\$		
in the name of Baker Botts L.L.P.				☐ Surcharge - late provisional filing fee or \$ cover sheet					
Charge any additional fee required under 37 C.F.R. §§ 1.16 and 1.17 to Deposit Account No. 02-0375.			×	Extension for reply with 1 month \$ 110				110.00	
			□ Notice of Appeal			\$			
NO. 02-0373.				☐ Filing Brief in Support of Appeal			\$		
2. Check Enclosed. The Commissioner is hereby authorized to charge any variance between the amount enclosed and the Patent				· ·			\$		
			Utility Issue Fee (or reissue)				Ф С		
Office charges to Deposit Account No. 02-0375 in the name of Baker Botts L.L.P, The Warner, Suite 1300, 1299 Pennsylvania Avenue, N.W., Washington, D.C. 20004-2400.				☐ Design Issue Fee ☐ Plant Issue Fee					
				Petitions to Commissioner \$					
				☐ Petition to Revive (unavoidable) \$					
				☐ Petition to Revive (unintentional) \$					
FEE CALCULATION			☐ Petitions Related to Provisional \$ Applications						
1. BASIC FILING FEE 🗵	Large Entity Small Entity		☐ Submission of Information Disclosure \$ Statement						
Fee Paid			☐ Filing Submission After Final Rejection \$						
Utility Filing Fee \$ Design Filing Fee \$ Plant Filing Fee \$ Reissue Filing Fee \$ Provisional Filing Fee \$			☐ Recordation of Assignment Document \$						
			☐ Filing Request for Reexamination \$						
			×	Other (specify) Request for Continued \$ 770.00 Examination (RCE)					
2. EXTRA CLAIMS FEES	9.00 +		<u> </u>						
		CLAIMS AS	AMEN	IDED					
		Highest Numb	er		F	Rate			
For	Number Present	Paid For		xtra	Large Entity	Small Entity	Am	nount	
TOTAL CLAIMS		20			x \$ 18.00	x \$ 9.00	\$0.00	0	
INDEPENDENT CLAIMS 3				x \$ 84.00	x \$ 42.00	\$0.00			
MULTIPLE DEPENDENT CEATINS				\$ 280.00 \$ 140.00 \$ 0.00					
TOTAL EXTRA CLAIMS FEES					\$0.00				
SUBMITTED BY				Complete (if app			if applica	ble) 33,470	
Typed or Printed Name James B. Arro						Registration No.	3		
Signature Date						Deposit Account I	Jser ID	02-037	
		7							